2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 04, 2007 8:00 am Secretary of State **DOCUMENT # L05000020836** 05-04-2007 90308 008 ****55.00 RELATIONSHIP TRUST MORTGAGE LC Principal Place of Business Mailing Address 60048540 1800 SECOND ST. 1800 SECOND ST. 905 905 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 800 Second St Suite, Apt. #, etc. 705 Suite, Apt. #, etc 05012007 Chg-LLC CR2E083 (12/06) City & State Applied For 4. FEI Number 81-0665831 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Sarasoti Dorasota Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOWDLE, DEEANNA MS. (P.O. Box Number is Not Acceptable) 1800 SECOND ST. 905 SARASOTA, FL 34236 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE . (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR Delete TITLE Change ☐ Addition Dowdle, Dee Anna 1800 second St DOWDLE, DEEANNA MS. NAME NAME 1800 SECOND STREET, SUITE 905 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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